

200/ 1992
APR 1 1992
CEN

Artist S. B. Elliott (Please print plainly)

Artist _____ Telephone No. Day Bedford 2-4330 3644 Rolliston Rd
Eve Lol 1-8495 Address Shaker Hts., Ohio 20

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

Entry blanks must be filled out and returned to the Museum on or before April 1, those postmarked later than April 1 will not be accepted.
Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 5 to April 12 (except Sunday).

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